

MULTIPLE INDEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
						CLAIMS			
AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT		IND.	DEP.	IND.	DEP.
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1.						61			
2.						62			
3.						63			
4.						64			
5.						65			
6.						66			
7.						67			
8.						68			
9.						69			
10.						70			
11.						71			
12.						72			
13.						73			
14.						74			
15.						75			
16.						76			
17.						77			
18.						78			
19.						79			
20.						80			
21.						81			
22.						82			
23.						83			
24.						84			
25.						85			
26.						86			
27.						87			
28.						88			
29.						89			
30.						90			
31.						91			
32.						92			
33.						93			
34.						94			
35.						95			
36.						96			
37.						97			
38.						98			
39.						99			
40.						100			
41.									
42.									
43.									
44.									
45.									
46.									
47.									
48.									
49.									
50.									
TOTAL IND.									
TOTAL DEP.									
TOTAL CLAIMS									

\* ONLY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

PTO-1350 (3-78)

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